2100 INTERNAL TRANSFER REQUEST FOR S.N.

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| DATE: | 4-5-02 | FROM: BRAGDON | | | (print name) | |
|--|----------------------------------|---|-----------|-------------------------|----------------|---------------|
| | | REASON(S): | | • | : . | |
| FORWARD 1 | го: | A. You had Parent | | (check box) | | |
| A. Art Unit: | 2122 | B. See Title | | (check bos) | | |
| B. Class: | 717 | C. See Abstract . | | (check box) | | |
| C Subclass: | 1681, 1747 | D. See Claim(s): | | | <u></u> | |
| FURTHER E | XPLANATION IF NEED | ED: Oppeous to | they last | - softi | ware upon | alun |
| "a unsta | De at in | | | _ | • • | ٥. |
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| DATE: | | FROM: | | | (print name) | |
| | | REASON(S): | • | | | |
| FORWARD T | O: | A. You had Parent | | (check box) | | |
| A. Art Unit: | | B. See Title | | (check box) | | |
| B. Class: | | C. See Abstract | | (check box) | | |
| C Subclass: | | D. See Claim(s): | | | | . , |
| FURTHER EX | PLANATION IF NEED | | | | | * • • • |
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| DATE | | FROM: | | | _ (print name) | |
| DATE | | | | | (print name) | |
| | O CLASSIFIER | FROM: REASON(S): A. You had Parent | | (check boy) | _ (print name) | - 12 |
| | O CLASSIFIER | REASON(S): | | (check boy) | _ (print name) | |
| | O CLASSIFIER | REASON(S): A. You had Parent | | -1 | _ (print name) | |
| | O CLASSIFIER | REASON(S): A. You had Parent B. See Title | | (check bos) | _ (print name) | |
| FORWARD TO | O CLASSIFIER (PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | | (check bos) | _ (print name) | |
| FORWARD TO | | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | | (check bos) | _ (print name) | |
| FORWARD TO | | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | | (check bos) | (print name) | |
| FORWARD TO | PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: | | (check bos) | (print name) | |
| FORWARD TO | | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: | | (check bos) | _ (print name) | |
| FORWARD TO | PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: | | (check bos) | (print name) | |
| FURTHER EX | PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: | | (check bos) | (print name) | |
| FORWARD TO FURTHER EX DISPOSIT: O DATE: FORWARD TO | PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: SIFICATION CLASSIFIER: | | (check bos) | (print name) | |
| FORWARD TO FURTHER EX DISPOSITION DATE: FORWARD TO A. Art Unit: | PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: SIFICATION CLASSIFIER: REASON(S): | | (check box) | (print name) | |
| FORWARD TO FURTHER EX DISPOSIT: O DATE: FORWARD TO | PLANATION IF NEED | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: SIFICATION CLASSIFIER: REASON(S): A. You had Parent | | (check box) (check box) | (print name) | |

FURTHER EXPLANATION IF NEEDED: